000	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	0 0	2. G. NO.	2 8 9	1 3 /
9 0 U		CEASED NAME FIRST FREDE	RICK	SAMUEL		NDER, SR.	20 DATE OF DEAT	Н момтн	0AY YEAR 1986	26 HOUR 8:00A
ector, po	3. SE.	Male	L RACE	sian	5. DATE C	_DAY YEAR_	6 AGE (IN YEARS LAT	ST BIRTHOAY)	MONTHS DAYS	HOURS MIN.
12 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	1.00	ries	Y OF DEATH	MD
20	10. C	Waldorf	11. NAME OF	ICH EACHTY ONE STREET	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCU	OST OF WORKING L	HEEL INDUSTRY	of BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13) COL	DROTHER INSTITUTION INTY	13c. CITY OR TOW	E ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRE	:SS / ZIP COD 232	E BOX	60/
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it permit.	CERTIFICATION	19a date of operation			OPERATIO	N WAS PERFORMED	YES NO	IN-CERTI	ES, WERE FINDI IFYING CAUSES (ES ]	
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should be deto with the Stote		770 PHYSICIAN'S NAME (POPE)	OR A	Arrays		22e ADDRESS CHAI	CLES PROFE	540-M	8106 ·	(0)
P # 3 8/		BURIAL, CREMATION, REMOVA	10/6		t. Ma	EMETERY OR CREMATORY	Bygant		Charle	
H - 16 60M 7/84		UNERAL DIRECTOR	Home	P. U.	Box	156 250 D	ATE REC'D. BY REGIST	RAR 25b. REGIS	STRAR'S SIGNA	TURE

STATE OF MARYLAND

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othin	14.	FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDI		LAST	
p take		JAMES		W.	BROW	N	ALICE	V.		MAN	
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AT AT SECTION OF CO. 10		22h SIGNATURE	(did) idid	grew the bard	y offer death.		DEGREE	1		22c, DATE S	IGNED
GR A DIRECTORE OF THE		a	1 6	ren	-, u	LD	ATTENDING		STAFF	112-1	8-
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(VRA 15. 4)		THORNTON	FINIFE	AT. HOME	ADDRESS	OMONTK	EV MD	66	Education haves	wasm. Kead	HOLE'S

STATE OF MAKTLAND

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INC. LA PLATA MD

24 FUNERAL DIRECTOR

AREHART FUNERAL HOME.

DHMH - 16 60M 7/84

(VRA 15, 4)

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF DEATE	1	REG	NO.		
. DECEASED NAME	FIRST	1	AIDDLE	Į.	AST .	1 2	. DATE OF DEATH		DAY YEAR	26 HOUR a.
(TYPE OR PRINT)	Harry	1	Edward	Car	ter		October	9, 19	86	1:11 м
3. SEX		4 RACE		5. DATE C			AGE IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	
MALE		BLACK		MAR	CH 14, 15	915	71	YRS	MONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	? 8. MARRIEI WIDOWE	D NEVER MARRIE	D XJ	BALTIMORE CIT	1110	TY OF DEATH	MD.
O CITY OR TOWN OF	DEATH			NG HOME C	OR OTHER INSTITUTION	DN I	20 USUAL OCCUP	ATION	12b. KIND (	OF BUSINESS OR
La Plata		Physic:		orial	Hospital		PIPE"FIT	TER .	GOVI	ERNMENT
USUAL RESIDENCE (#1 130. STATE MARYLAND	13b. COUN	OTHER INSTITUTION. IY. RLES	134. ENDIAN	WHEAD	13d. INSIDE CITY LIN	×2.	Be.STREET ADDRE	SS / ZIP COI	DE 20640	
4. FATHER'S NAME HARRY	Α	AIDDLE	CARTE	R	15. MOTHER'S MAID FIRST KATTE	EN NAME	MIDDL		CHASE	51
60 WAS DECEASED ET (YES, NO OR UNKNOWN YES		WAR OR DATES)	214-16-		Alton Bro	own P	.O. Box	DRESS 193 In	dian He	ad Md.
	ouse lost.	onditions <u>Co</u>		DEATH BUT	NOT RELATED TO THE	IE TERMIN	AL DISEASE OR C	20b. IF Y	ES, WERE FINDI	NGS USED
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1gnac		123b DATE		NAME OF C	La Plat		d. 2064	0		
(SPECIFY) BURI		10-14			ETERANS CE		CITY OR TOW	ENHAM	P.G.	MD.

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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
THORNTON FUNERAL HOME

TO FUNERAL DIRECTOR:

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(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Harold October 20. English 1986 Walter 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR 1912 Male Oct. 25. Cau. 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Charles Virginia WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS)
TVSICIANS Memorial Hosp. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LaPlata Physicians Welder Construct. BALTIMORE, MARYLAND 2120 JUAL RESIDENCE (IF NURSING TOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MD. Charles Waldorf 2338 YES T NO [ Lambeth 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST English John Payne Agnes 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 2338 Lambeth Hill Drive (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-26-9756 Margaret Hockaday, Waldorf, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for, (a), (b), and (c PART I. DEATH WAS CAUSED BY. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Slus IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 201 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NOIL 216. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH ZICK automas (IF EITHER NOTIFY MEDICAL EXAMINER) 190 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on\_ 10 16 \_, and that in (my) <del>(our)-opinian</del> death accurred on the date and hour and from the causes stated abave, (I) we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN THORECTOR PHYSICIAN 22e ADDRESS d b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Cremation 10-21-86 Crematory Waldorf Charles Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRANDS. REGISTRAN'S SIGNATURE DHMH - 16 60M 7/B4 Julia Davidon Donde The Huntt Funeral Home, Waldorf, Md. (VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH MONTH DAY : 56P TYPE OF PRINT HILL Mamie Farrel1 October 30 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS Sept. 25, YEAR 1894 White Female 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Charles U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Physicians Memorial Hospita Home Maker at Home La Plata P.O. Box 18 C , 20664 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Charles Newburg Marvland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Perry Catherine Knott 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Newburg, Md. 20664 (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-60-9044 Grace Jackson, Daughter, Box 18C No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF - Multi Coboer Conditions, if any, which CO gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9g. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram sawa the deceased alive on\_ (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SICIPLATURE DEGREE **∠**MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Khadar Baig, M.D. La Plata, Maryland 20646 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Holy Ghost Cemetery "Issue, Maryland Burial 11/4/86 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Arehart Funeral Home, Inc., La Plata, Md. (VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) **JERRY** DEATH MATED 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Charles Virginia US WIDOWED DIVORCED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OT IN SUCH FACILITY, GIVE STREET ADDRESS) La Plata Physicians Memorial Hosp Meter reader Gas Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Charles Waldorf YES [ NO B 110 Sherman Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Edmond Fulcher Kate 17. INFORMANT 7909ESSBrandon (YES NO, OR UNKNOWN) 1930-1935 578-30-9448 John W. Fulcher Waldorf. Md. 2060 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ASCUS IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held on TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALLIMORE, MARYLAN deoth resulted from: Natural causes Hamicide TITUE (SPECIFY) ACTUAL EXAMINER'S NAME TYPE OR PRINT 23d LOCATION 230. BURIAL, CREMATION, REMOVAL Burial 10-30-86 Ft. Lincoln Brentwood Geo BP. 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** Funeral Home Waldorf. (VR A15 ME (5)) Md. 20601 20M 4/B2

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. L		emale		White		0 19	19	67		YRS			2
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1	_	klahoma		U.S.A.	WIDO		VORCED [	Char					MD.
10	CHY	OR TOWN OF DEATH		<ol> <li>NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV</li> </ol>	E STREET ADDRESS)		TITUTION	12a USUAL OC (TYPE OF WORK F	OR MOST OF WO	RKING (IFE)	INDUSTRY		SOR
		ans Road	DAME OR OT	17 Edgewoo				Catal	oger		U.S.	Gov	T
13	a STA	TE 13b	count	Y 13c CITY O	ns Roa	134 INSIDE C	NOX	13. STREET AC	DRESS / ZII		ive.	2061	6
		ER'S NAME		DDLE LA		15 MOTHER'S	S MAIDEN NAM	ME	MIDDLE				
4		Robert	Mil	Stew		Cl	ementi	ne	MINDLE	Ν	esbiĥ	tt	
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1	2.0	0	N/C	218-	30-803	4Ralph		llatir	s. Sa	ame	as 13	3	
	18	CAUSE OF DEATH IE	ter only	one cause per line for to ,	(b), and ic							XIMATE INTERV	AL EATH
	1	PART I. DEATH WAS C		CAUSE (o) Cord	o Pel	monon	r Qu	rest					
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THICK!								YES 🗆	40U IN	CERTIFYIN		S OF DEATH	?
18		B. ACCIDENT WAS UNDERLYS	The same of	216 TIME OF INJURY	AT TAXABLE	21c HOW IN	JURY OCCURR	ED (ENTER NATU					
a a	0	E CONTRBUTING CAUSE		HOUR A.M. MONT	H DAY YEA	201 201							
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			hospitul	) attended the deceased	from See	1	19.76		2p28	. 19	86	that (I) (wi	e) lost
		saw the deceased of	we on	- H-1-H-10-1-1	_19	and that in (my)	(our) opinion o	death occurred	on the date o	ind hour o	nd from the	couses state	ed
	73	SKINATURE	and not i	view the body after death		DEGREE					22c. DATE	SIGNED	
		when "	1/0	Chr. To.	10	A	ATTENDING PHYSICIAN F	MEDICAL DIRECTOR	STAFF	M	27/	Det 8	8
1	1	L PHYSICIAN'S NAME	TYNE OUR	mint)	and the same	22e ADDRES	r						7
10		Tohn N C	han?	otonoon				1600					
72	a. BUS	John N. C		stensen 234. DATE	23¢ NAME OF	CEMETERY OR C	CREMATORY	IZINGO S	Tation	on,	India Ma	n He	ad-
	(109	CHYS	ADDAMS.	10/28/86	10.00			CITY OR	TOWN			2064	
24	FUN	Crematio ERAL DIRECTOR			Hunt		atory	Walde E REC'D. BY REC		Char REGISTRA		Many	Lan
	II	NAME THE CO	-7 1			Box 1	50 00		1986	and the	AND BERTH		
	πu	ntt Funer	d.L.	nome, wald	ort, M	d. 2061	UTI OC	1 00					

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STATE OF MARYLAND		ST	A	T	E	0	F	M	A	R	Y	ı	A	N	D	
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	EC NO				

- rh.	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE O	003
5 5 31	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	<i>6</i> _ <b>0</b> 7 *
	ECEASED NAME FIRST	BIDDIM	LAST		MONTH DAY YEAR 26 HOU
18 35	James James	a consister	a la Gardiner	10-9	4-86 3:1
3 SI	9	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DATS HOURS
Jan	Male	Cau.	Aug. 9, 1911	75	YRS
24	SIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	U.S.A.	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	
10.4	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED DIVORCED DIVORCED	Charle	ON 12b. KIND OF BUSINE
2	La Plata	Physicians N		Farmer	F WORKING LIFE) INDUSTRY Agricul
افل		OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	13e.STREET ADDRESS /	20637
5		rles Hughes			12-C
PPILE	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
1	Albert	Gardine	Rose		Mudd
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRE	SS Rt 1 Box 12-
1	No	218-12	2-9598 Edith M.	Gardiner,H	ughesville, Md
	18 CAUSE OF DEATH (Enter of	inly ane cause per fine far (a), (b),	ond icu	)	APPROXIMATE INTER BETWEEN ONSET AND
	IMMEDIA	TE CAUSE (0)	my and it for	<u> </u>	1 thy
	Control of the	DUE TO, OR AS A CONSEC	110		clean
	Conditions, if any, which gave rise to immediate	) ""	<del></del>		
	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF		
i i	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	ainal disease or cond	DITION GIVEN IN PART 110
CERTIFICATION					
No.	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
		THE THAT OF INTERV	21. HOW MINDY OCCUP	YES NO	YES NO
-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			KED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
WE	WHILE IN NOT WHILE IN	(AT HOME, STREET, FACTORY, OFFIC		CITY OP TO	WN COUNTY S
*		pital) attended the deceased from	18-3 1056	10/0-24	1906 that(1) (v
		n 2 12 19	21	death occurred on the do	ate and haur and from the causes sto
	226 SIGNATURE	on view the bady after death.	DEGREE		22c. DATE SIGNED
	0	Vole no draw	m m ATTENDING PHYSICIAN [	MEDICAL STAF	F 10-24-8
		OR PRINT)	22e ADDRESS		
7	224. PHYSICIAN'S NAME (TYPE				
7	Richard Do	bson M.D.	Brandywir	ne, Maryla	nd
-	Richard Do		Brandywir  NAME OF CEMETERY OR CREMATORY	23d LOCATION	
230	Richard Do	L 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Bryanto	own, Charles, Me 25b. Redistrar's Signature

La Pinte D. Survey Colored Lander Del Colored Designed Lander of the Colored Del G-12 No. 2 1 H Billion Minute and the page goulding and produc Complete the relation of the contract of the c . .. /toadou vis.Lož Marine Area Landers and the control of the control

Linter Fungual School Store, Salidary, Id. 14

& NOV 10	86	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYO ICATE OF DEATH	GIENE B O	2	8 ,	48		
r death		CEASED NAME FIRST E OR PRINT) MARGA		ECELIA		ast REER	20 DATE OF DEATH 10-31-86	MONTH D	AY YEAR	2b. HOUR 5:48am		
	3. SE	x FEMALE	4 RACE BLACE	<	S. DATE OF		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HR		
S S S S S S S S S S S S S S S S S S S	M	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	LINITEDIA CONTROL			D NEVER MARRIED DO DIVORCED D	9 BALTIMORE CITY OF		OF DEATH			
2 Lifted		LA PLATA	PHYST	CTANS" ME	10KIAI	HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIFT	OF WORKING LIFE	INDUSTRY	OF BUSINESS O		
od September 1	13a. S M	ARYLAND CHA	CHARLES INDIAN HEAD YES			134 INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS 104 WOODLA	ZIP CODE	AD / 20	0640		
8C	W	ATHER'S NAME FIRST ILSON		HAWKÌ	INS							
he medica	1	ILSON FORD NELLIE HAWKINS  VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 104 WOODLAND ROAI (IF VES. GIVE WAR OR DATES) N/A 217–30–0618 JOHN R. GREER INDIAN HEAD, MD. 20640										
other traumatic even		IB CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDICAL Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUI	NCE OF	heart.	disease	o plant				
injury, ar	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ON MIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVE	N PART 1	0,		
Shows only	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	IN CERTIFY	WERE FINDI	NGS USED S OF DEATH? NO		
or Hear 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (1F EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	ER) P.	OF INJURY  M. MONTH D.  M.  OF INJURY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RT I OR PART 2)			
marked a	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	)WN	COUNTY	STATE		
f Item 21 is		220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did if 22b. SIGNATURE	n / 0 -	-30 19		d that in (my) (our) apinion DEGREE ATTENDING	death occurred on the d	FF	and from the			
IMPORTANT:		22d PHYSICIAN'S NAME (TYPE				22e ADDRESS Rt#6 LaPlata						
<u>×</u>		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	Nov. 4	1000		EMETERY OR CREMATORY	23d LOCATION CHYORTOWN PTSGAL	i.	COUNTY	MD.		
OM 7/84 , 4)		JNERAL DIRECTOR HORNTON'S FUNE	RAL HOME	ADDRESS	OMONK		U61986 1	25b. REGISTR	AR'S SIGNAT	URÉ		

Makes or wife of the makes to

	STATE OF MARYLAND	
00-20354	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	i
00 20004	REGISTRAR MEDICAL EXAMINER S CERTIFICATE OF DEATH REG. NO."	_
5000 F	CLIFFORD CARROLL MAUVER	35 <sub>M</sub>
DIRECTION STREET	W MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 10 3 186 07	35 <sub>M</sub>
CONTRACTOR AND	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)   76. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DEATH	
ASS.	GERMANY U. S. OF A. WIDOWED DIVORCED CHARLES COUNTY,  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINES)	MD.
S PAGE	LA PLATA  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  PHYSICIANS MEMORIAL HOSPITAL UNEMPLOYED  OR INDUSTRY	3
AND 3	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  132. CITY OR TOWN  134. INSIDE (ITY LIMITS?  YES \( \text{NS} \) NO \( \text{NS} \)  136. STREET ADDRESS  130. STREET ADDRES	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IN STRING THE WORD." SPEDING" IN PENCET IN 11EA BE GIVE FAGES. ROED TO THE CHIEF MEDICAL EXAMINER ALONG THE CHIEF MEDICAL CREMATION, OR REMOVE	14. FATHER'S NAME FIRST CARROLL LEE HAUVER 15. MOTHER'S MAIDEN NAME FIRST PHYLLIS RENNER	
W SECTION	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  16b. SOCIAL SECURITY NO. 17. INFORMANT MOTHER ADDRESS BOX 135 D	
A Selection of the sele	NO    214-84-2377   PHYLLIS R. HAUVER, PORT TOBACCO, M	
EM 18.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  APPROXIMATE INTERVEN ONSE, AND D  LISTALT  LISTALT  APPROXIMATE INTERVEN ONSE, AND D  LISTALT	
ESTO IN III IN III IN III IN III IN III IN III IN III	DUE TO, OR AS A CONSEQUENCE OF	
NA RANGE	Conditions, if ony, which gove rise to immediate (b) UF TO OR AS A CONSEQUENCE OF	
201 W. P	lying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
EXECUTED ING" IN PICAL EXAVIOR A BURIAL - H AND METION, OWATION, OWATION,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8).	
RECORDS  TD BE EXE PENDING MEDICA NEDICA TEALTH AI		
UID UID A	198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY?  YES NO  216. EXTERNAL CAUSE WAS  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	
F VITA WORD WORD BE CHIE CHIE CHIE CHIE CHIE CHIE CHIE CHIE	YES NO	K
DIVISION OF VITAL RECORDS, 201 W. PRESTI VER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 CATE, WRITING THE WORD "PENDING" IN PENCIF, IN IN FORWARDED TO THE CHIEF MEDICAL EXAMINER AL OR, PAGE 3 SHOULD BE USED AS A BURNAL - TRAÑIST THE STATE DEPARTMENT OF HEALTH AND MENTAGHY WIND, 21201 PRIGK TO BURNAL, CREMATION, OR RIMO	216. EXTERNAL CAUSE WAS  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 2  AM. 30CT 10  12c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
ISIO ING ING ISHO EPAR	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION	
DIVISIC THIS CERTIF WARDED TO PAGE 3 SHO TATE DEPA	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)	TATE
AATE, TA	22a. I certify that I taak charge of the remains described above and an Autopsy . Inspection Inspection and in my opinion	
EXAMINER: CERTIFICATION DINE BE FOR DINE BE FOR WARYLAND	death resulted from: Natural causes . Accident Suicide . Hamicide . Undetermined manner .	
CER CER	ACTUAL + MARIA DATE 10/3197	
SHOOKE, THE	SIGNATURE IN MEDICAL EXAMINER SIGNED IN SIGNED	_
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BARTIMORE, MARYLAND, P	(TYPE OF PRINT) ADDRESS 1020 Lety Dr. Langta Mt 20046	
6 A A A A A A A A A A A A A A A A A A A	230, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE	
BP	CREMATION 10/03/86 LEE CREMATORY CLINTON P.G. MD.  24 FUNERAL DIRECTOR P.G. MD.	
DHMH - 17 (VR A15 ME (5))	AREHART FUNERAL HOME INC. LA PLATA MD COT 0 8 1986	

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211-81-2377 PHYLLIS R. HAUV. , P. ST T. BACKO.

THE REST OF STATE AND THE SAME SEASON TENNES.

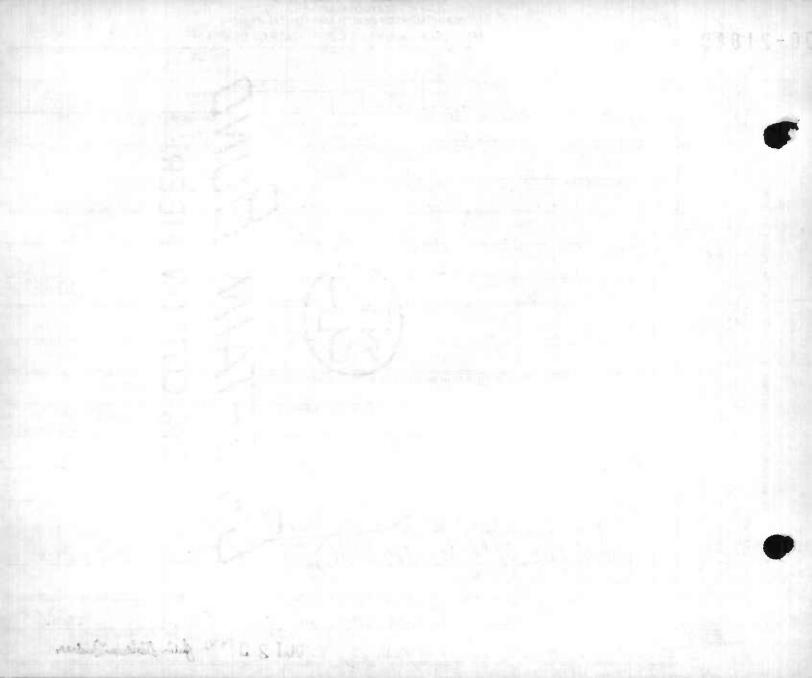
STATE OF MARYLAND 00-22628 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. DECEASED NAME 2n DATE OF DEATH 2h HOLIR (TYPE OR PRINT) JAMES CHRISTOPHER HOWARD 27. OCTOBER 1986 4 RACE SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I VEAR IF LINDER 21 MRS MONTH VEAR Male Caucasian April 16. 1898 88 In BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IISA Rhode Charles WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Waldorf 154. Hwv925N Electrician Residence) Box Pep-co 13c CITY OR TOWN BOX-154 HWV 925N/ 20601 13d INSIDE CITY LIMITS? Charles Maryland NO M 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME \*\*Derguson John Howard Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT NODE (IF YES, GIVE WAR OR DATES) -Same as #13) 577-05-0287 Loretta G. Howard APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ORK NOT WHILE 220 I certify tha (1)(this haspital) attended the deceased fram 10-22 saw the deceased alive on abave (1) (ve) (did (did no)) view the bady after death. 226 SIGNATURE DEGREE 22c DATE SIGNED 10-29-86 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Henry L. Burke, M.D. P.O.Box 591, LaPlata, Md 20646 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Waldorf, Charles, Maryland Burial 10/31/86 St. Peter's Cem 24 FUNERAL DIRECTOR Das Box 156 DHMH - 16 60M 7/84 We DRINGSON-17 Huntt Funeral Home Waldorf. Md 20601 (VRA 15, 4)

SOCIAL PROF. OR RESTRICT SERVICE BEAUTY BEAU The second second second second second second manufactured in the contract of the contract o roset terminal particular and the common and sufficient and the common and the co The state of the s A Contract of the State of the this to a general manifest to pay the second to the second Benefit and the second of the

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0-2	12549	1. DE	REGISTRAR CEASED NAME E OR PRINT)			WIDDLE		LAST	20		NOWN X	HINOM			b.,HOUR				
->	PLEASE ECTOR. ? FILES. HOURS STREET,	3. SEX		Willie	5. DATE OF BIR	TH IA AC	E (IN YEARS   IF	Jones	DER 24 HRS. 20		AATED [	1.0	1.0 19		M HOUR				
			ALE	BLACK	MONTH D		T BIRTHDAY) MO	ONTHS DAYS HOURS		DATE RONOUNC DEAD	ED	10			:48A				
	GESSARY, MERALDIR OR YOU TITHIN 72		RTHPLACE (STA	ATE OR	76. CITIZEN OF	WHAT COUNTRY?	8. MA	RRIED E NEVER MA	ARRIED 9	BALTIMO	RE CITY OR	COUNT	Y OF DEA	TH					
-	W. S.		ennesse			States			DRCED 🗆		les Co				MD.				
	こまじゅう	VCI	TY OR TOWN C	OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)										12b. KIND OF BUSINESS OR INDUSTRY				
	DELAN N PA		Plata	A BY THE SING HOVE O		cians Memo		ospital	Mana	ger			private						
21201	ATH. IF ANY DEL	13a. S		13b. COUNT		Waldor:	OWN	134 INSIDE CITY LIMIT		and address	r Aven	ue ¿	20	60	/				
WD.	MA 3.	11/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	AIDEN NAME	MIDE	DLE.		LAST						
ORE,		5 M.	OOKER		т.	JONE		HORTENS	SE			BR	ROOMFIELD						
BALTIMORE	A S S S S	(Y	ES, NO, OR UNKNOV	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	16b. SOCIALS		17. INFORMANT			ADDRESS	- 4							
BAL	DURS AF 18. GIVI WITH VIT. PAG DIVISI	Y	ES				3820	LARRY_LU	RKS-627	T Oxo	n Hill	L Rd							
ST.,	MAIT. WE'D		PART I DE	DEATH (Enter and ATH WAS CAUSED	y ane cause per BY:	line far (a), (b), and		rdiouscoul	ar dico	2200			BETWEEN	ONSET AN	ND DEATH				
PRESTON	24 H FER SER VAL		IMMEDIATE CAUSE (o) Hypertensive cardiovascular disease																
	FER A STANKER A		Conditions, if any, which																
*	HOULD BE EXECUTED WITHIN 24 HOUR RD."PENDING". IN PENCIL IN ITEM 18. FHIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL		gave rise to immediate (b)  cause (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF																
201			lying couse last.																
RECORDS,	P BE EXECTENDING" MEDICAL AS A BUR EALTH ANI CREMATIN	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)																
	PENDI PENDI F MEDI FD AS A HEALTH CRE/	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	NDITION FOR WHIC	H OPERATION	WAS PERFORMED?					20 AUT	DPSY?					
VITAL	SE S	I H											YES	K) I	NO 🗆				
Ö	E, THIS CERTIFICATE SHOULD B TE, WRITING THE WORD "PEN RWARDED TO THE CHIEF ME THE CALLED ME USED AS TSTATE DEPARTMENT OF HEAL O, 21201 PRIOR TO BURIAL, CR	CAL CER	21s EXTERNAL UNDERLYING		HOUR	OF INJURY A.M. MONTH DAY P.M.		. HOW INJURY OCCU	RRED SENTER NA	TURE OF INJUR	Y IN ITEM 18 PAI	RT 1 OR PAR	T 2						
DIVISION	REDED 1	MEDICAL	21d INJURY O WHILE AT WORK	NOT WHILE C		CE OF INJURY (AT FACTORY, FARM, ETC.)	HOME, 21f	LOCATION		CITY OR TOWN		cou	NTY		STATE				
	HER: THIS C CATE, WRIT FORWARD OR: PAGE HE STATE IND, 21201				e of the remains	described above, he	Total Au	topsy X, Inspe	ction [	Inquiry [	7 and	in my ap	nice						
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE STAND, 2		death resulte	. //	al causes 🔼	Vachan D.	1	Hamicide L	7	mined man		ш шу ор	man						
	XAA EERTII DIREC WITH ARY		//	Vo	3/2	18	7011	THE ISPECIFY											
	A A L CO	1	SIGNATURE_	alli	elle 1	Mus	MIL	A Assista	int MEDIC	AL EXAMIN	1ER	DATE	10/	13/8	36				
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	1	EXAMINER'S	JAME D	- P C	11 /1/2		111	D			477							
	N N N N N N N N N N N N N N N N N N N		(TYPE OR PRIN	IT) Defilit	is F. Sr			ADDRESS	Penn S		Balto.	MD.							
	E05548	23a.B	URIAL, CREMAT PECIFY) MOVAL	ION, REMOVAL 2				Y OR CREMATORY	23d. LOC CITY OR	ATION		COUN		STATE					
07/84 25M	BP		MOVAL UNERAL DIRECT		0/17/86	EDWAR	DS FUNI	ERAL HOME	ME.	MPHIS	256 REGIST	PAP'S S		NN.					
	DHMH - 17 (VR A15 ME (5))		NAME		-2617 Pa	Ave SE W	lash DC	DCT	2 2 3		0 00	des The		A.					
	(/5//			J. 1011				Per	E1 ***		1		The state of						



## STATE OF MARYLAND

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FOR STATE REGISTRAR	D		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	2 8	7 5 2
1. DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MO	NTH DAY YEAR	26 HOUR
Catheri	ine Agnes	Ke	efe	Oct. 12, 1	.986	3:00p M
1.SEX	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	AR IF UNDER 24 HRS	
Female	White	Febr		85	YRS.	THE MIN.
COUNTRY	76 CITIZEN OF WHAT CO	UNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
Manchester, N.H.	U.S.A.	WIDOW	ED DIVORCED	Charles		MD
	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	EVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFF) INDUSTR	
LaPlata	Physicians N OTHER INSTITUTION GIVE RESIDEN ITY 13c. CITY (	1emorial	Hospital	Dept.Store C	lerk   Reta	ail
Maryland Calv	ert Dunk	irk	YES NO X	13e STREET ADDRESS / ZI 10410 Three		oad 20754
Kieran	WIDDLE Hic	ke <b>y</b>	15 MOTHER'S MAIDEN NAME FIRST	WE		LAST
WAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCI.	AL SECURITY NO.	17 INFORMANT	ADDRESS		
10		24-4518	Robert F. Ke	efe same a	s 13e	
Conditions, if any, which gave rise to immediate course (a), storing the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO	12.0	I NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ION GIVEN IN PART	lia
1911 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED		Db. IF YES, WERE FINI CERTIFYING CAUS	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHER MEDICAL EXAMINER)		19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN		
WHILE ADD WHILE D	(AT HOME STREET, FACTORY		STREET	CITY OR TOWN	COUNTY	STATE
220.1 certify that (1) (this hospit sow) the deceased alive on above, (1) (we) (did) (did as	11/12	10 26 0	nd that in (my) (aur) opinion o	death occurred on the date of		
22d PHYSICIAN'S NAME (TYPE OF	Vernage Comments		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN		15 86
George Wather			LaPlata, Mo	d.		
230 BURIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
Burial	Oct. 17, 1986	Dennis	Cemetery	Dennis	Barnstab	

25a DATE REC'D.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

10 FUNERAL DIRECTOR.

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ensemble Committee Committ

at. Lylen mail maden your constable ass.

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	GIENE 8 5	2 NO.	8 9	5 3				
		CEASED NAME OR PRINT)	FIRST	^	AIDDLE	l	AST	October 2		DAY YEAR	26 HOUR 2:40P:M				
	3 SE		Irving	RACE		Keel.	DE BIRTH	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR					
-	3. 36.	Male		Caucas	ion	MONTH 3	J. DIK. 111	8'		MONTHS DAYS	HOURS MIN.				
3		COUNTRY)			States	MARRIE	D NEVER MARRIED D	2 .							
1	1	TY OR TOWN OF DEA	ATH	Physici	OSPITAL, NURSIN H FACILITY, GIVE STREET ans Memo	ADORESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION   126 KIND OF BUSINESS   170 KIND OF BUSINESS							
6	13a. S	AL RESIDENCE (IF NUR. STATE  ryland	136 COUN Char	TY	13c. CITY OR TOW LaPlat	VN	13d. INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS			e/20646				
1	1	THER'S NAME FIRST  nDay	,	MIOOLE	Keeler		15. MOTHER'S MAIDENNA FIRST UNKNOWN	WE		Smith					
)		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		WED FORCES?	166 SOCIAL SECT		Mary Keele		RESS	12)					
		18 CAUSE OF DEAT PART I. DEATH W Conditions, if any gave rise to im couse (a), statin underlying couse	/AS CAUSEI IMMEDIAT , which mediate ng the	DUE TO, OF	A	ENCE OF 15 CH	CONGEST		LURE		IMATE INTERVAL ONSET AND DEATH				
	N O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN													
1	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO							
1	_	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	THE STATE OF THE S	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	ART I OR PART 2)					
	MEDICAL	21d INJURY OCCUR  WHILE NOT WE AT WORK	HILE []	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC }	211 LOCATION STREET	CITY OR	CITY OR TOWN COUNTY STATE						
		220.1 certify that (1) sow the deceos above, (1) (we) (-	ed alive on	10/2	P / 19	8601	of 24/, 19.86 nd that in (my) (our) opinian	death occurred on the	date and had		that (i) (we) lost couses stated				
		226. SIGNATURE					DEGREE	MEDICAL ST	AFF	22c. DATE	SIGNED				

should be detach with the State De

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, IF 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 11-2-86

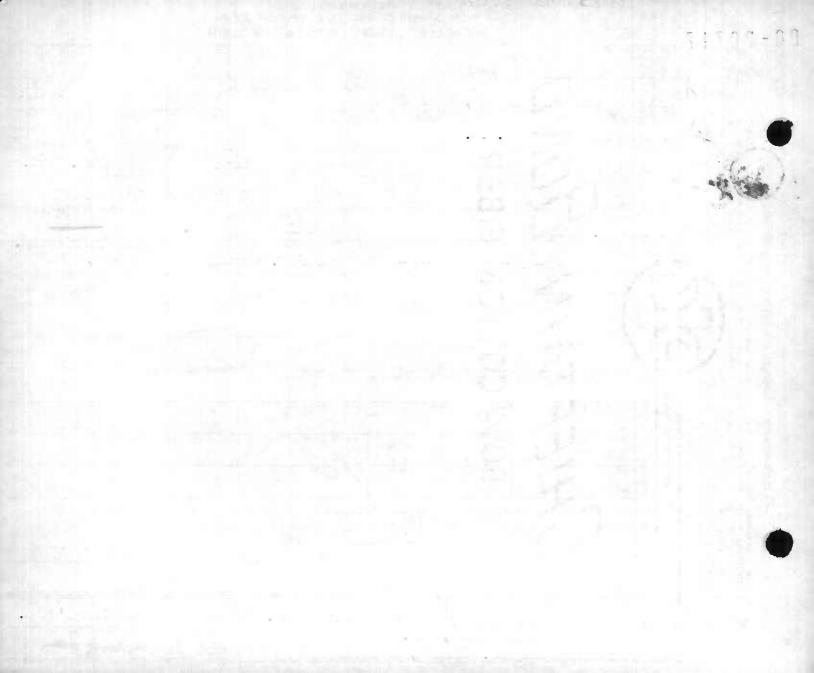
24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Sydney, Delaware, Prospect Hill Cem.

+			FOR	#13 0	020	TO\T\		STA		ARYLAI		YGIEN			0	0 0	-	
00-	20717		STATE REGISTRAR					EXAMI				2.4	0	REG.	NO.	0 3	0	न थें
	25 8 8 E		CEASED NAME E OR PRINT)		rmst 11iam	Patr	ick		L	ittle		2	Or-	KNOWN ESTI- MATED			YEAR 19 86	2b HOUR
	DIRECTOR. DIRECTOR. DIRECTOR. TO HOURS IN STREET,	3 SEX	le	4. RACE	M	may 20,	1948	LAST BIRTHE		DER 1 YR.	IF UNDER		RONOUI DE AL	NCED	MON'	H DAY	YEAR 19 86	12:06
-	PEESA IN THE ALL	7a. BI	RTHPLACE (ST.	ATE OR	7b.	CITIZEN OF W	HAT COUN		Ta .		VER MARRI DIVORC	IED 🔲			Y OR COL	JNTY OF I		<u> </u>
6	調整ス	Pennslyvania  18. CITY OR TOWN OF DEATH  La Plata			3	U.S.A. WIDOWED DIVORCED Charles COU  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Physicians Memorial Hospital  COOK  Charles Cou								17h KI	126 KIND OF BUSINESS OF INDUSTRY FEG. GOVL.			
	2835	13a. S		136	COUNTY		136. CITY OR TOWN Waldorf						et addri rook	ADDRESS COOKSIDE Place			0601	
OKE. MD.	28 Maria	William R. Little  Is Mother's Maiden Name Ethel  J. B										Bur	Dietz Burgoss rinkley Rd.					
BALTIMOR	JRS AFTER 3. GIVE PA WITH FOR IT. PAGES 1 DIVISION	{Y	VAS DECEASED ES, NO, OR UNKNOV CS	WND FILES	J.S. ARMED YES, GIVE WAR 965–19	OR DATES)		66-80		Ethe	1 <b>J.</b> 1	Burge	ss			ngs,	_	
5, 201 W. PRESTON ST.,	IN 24 HOU IN ITEM 18 ALONG SIT PERMIT HYGIENE, MOVAL.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PARTI DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease  Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)											AL BETY	PPROXIMATE WEEN ONSET	INTERVAL  I AND DEATH		
RECORD	"PENDING" "PENDING" "PENDING" "PENDING" "PENDING" "PENDING" "PENDING" "PENDING" "PENDING"	ATION	PART 2 DTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 1 a.  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20 /	20 AUTOPSY?				
DIVISION OF VITAL RECORDS,	S CERTIFICATE SHOU RITING THE WORD " RDED TO THE CHIEF SE 3 SHOULD BE USE TE DEPARTMENT OF IN	MEDICAL CERTIFICATION	210 EXTERNA UNDERLYING	OR			A. MONTH	DAY YEA	21c H	OW INJURY	OCCURRE	D (ENTER N.	ATURE OF IN	JURY IN ITEM	18 PART TO		YES X	NO []
		MEDICA	CONTRIBUTION 21d. INJURY O WHILE AT WORK		ILE [7]	21e. PLACE		(AT HOME,		CATION			CITY OR TO	WN		COUNTY		STATE
•	TO MEDICAL EXAMNER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PACA THE STATH, WITH THE STATH BALTMORE, MARYLAND, 21,2		22a   certif death resulte ACTUAL SIGNATURE		k charge af Natural co	the remains des	Accident		Autop	, Hami	Inspection cide	Undeter	Induiry		and in my	,	0/7/8	36
	TO MEDICAL EXECUTE PAGE 4 STO FUNE AFTER DE BALTIMO	23o. Bl	EXAMINER'S N (TYPE OR PRIN	(T)		iam M.	123c N	IAME OF CE	METERY O	ADDRESS_	ORY	Penn S	ATION					
07/84 25M	BP	Bu	PECIFY)  rial  JNERAL DIRECT		10	/09/86 eral_Ho	Max	ryland	l Vete	erans	Cem.	the 18	tenha	AR 25b. RE	GISTRAR	SSIGNAT	URE	Md.
	OHMH - 17 (VR A15 ME (5))63	20	ld Alex			y Rd. C			2073	5	ADT	101	986	, lie	David	m-No	ndall	



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2. 8 3

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	)		
1	I. DEC	CEASED NAME FIR	ST	WIDDLE	l.	AST	20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
1	lites		enh DAV	ID Mi	1es		October 1	6. 1	986	11:10 M
1	3. SE)	X	4 RACE	FIL	5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
		Male	BLACK		MAY	12,1929	57	YRS	MONTHS, DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIC	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF DEATH	
1		MARYLAND	UNITED	STATES	WIDOWE		Charles			MD.
N	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS OR
4	La	Plata		ans Memor		lospital	CONSTRUCTION		PRIV	ATE
1	USUA 130 S	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CO	DE	
-4	_		HARLES	ISSUE		YES NOX	GENERAL DE			5
A	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	1
4		ÆS .	THOMAS	MILE	S	ANNIE	C.		BUT	LER
1		VAS DECEASED EVER IN U		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	G.	ENERAL D	
1	YI	ES 19	951–1957	220-32-7	076	ELIZABETH MI	LES ISS	JE, I	Md. 2064!	
1		18 CAUSE OF DEATH IER PART I. DEATH WAS C	nter only one cause per	line (a) (a), (b), and	ic '	40 . 5	1		BETWEEN C	MATE INTERVAL
10			EDIATE CAUSE (0)	Kespy		ran OVVIlss				
1		DUE TO, OR AS A CONSEQUENCE OF								
1		Control of		R AS A CONSEQUE		AVARIAN				
ı		Conditions, if any, whi		NWV	X	Musicas	-			
1		cause (o), stoting to underlying cause lo	the DUE TO, O	R AS A CONSEQUE	NEPOF					
1		onderlying cause to	( [c)							
	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION	SIVEN IN PART 110	
4	CERTIFICATION		Tim com		0050.7:0		In	Tan 15 v	VES WERE EINIDIN	100 11000
1	ICA	190 DATE OF OPERATION	196 COND	IHON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FINDIN TIFYING CAUSES	
	RTIF						YES NO		YES	NO 🗍
		210 ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE	110115	FINJURY M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM I	B PART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EX	OFDEATH	M.						
1	EDI	214 INJURY OCCURRED	21e PLACE	OF INJURY	. D	211 LOCATION	CITY OF TO	WN	COUNTY	STATE
1	Σ	WHILE NOT WHILE [	] [AT HOME SI	REEL, PACTORY OFFICE PA	ARM EIC	1		1 -		
1		220 1 certify that (1) (this	haspital) attended th	e deceased from_	101	14/84 19	to J	0/56		that (I) (we) lost
ı	1	saw the deceased a	ye on O ody	16/8419		nd that in (my) (aur) opinion o	death occurred on the do	ite and h	aur and fram the	causes stated
		775 SIGNATURE	not) view the body	after death.	_	DEGREE	/		22c. DATE	SIGNED
		11/#	TICEIM	1		ATTENDING /	MEDICAL STAF		1 1 1 1	2/6/
Н		22d PHYSICIXN'S NAME	/TYPE OF PRINTS	V		PHYSICIAN (	DIRECTOR PHYSIC	IAN [	11011	1180
	Robert T. Pace, M.D. Rt. 301 So., Box 8 & 9, Waldorf								dorf, Md.	20601
-	00.0				1115 05 0					
		BURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	24.5	BURIAL	10-21-	-86 Md	VETE.	RANS CEMETERY			P.G. M	ARYLAND
	74 FI	INFRAL DIRECTOR				L75a DATI	F REC'D MENELISTRAN	75 In RECH	MAY BY D'S SIGNATI	IDE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

THORNTON'S FUNERAL HOME

NAME

POMONKEY Md

25a DATE RECD. OF STRAR 25b RECIETRAR'S SIGNATURE

is the whole the first the

... OCT 27 SA file time Labor

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

AREHART FUNERAL HOME, INC., LA PLATA, MD.

250. DATE REC'D. BY REGISTRAR 35. REGISTRAR'S SIGNATURE

10 12 86 10:05	CHARLOTTE AND MORGAN
50	at to se lander and an allowers
LES COUNTY	WEST VIRGINIA U. S. OF A. XX I GHAR
0.1900	POTOMAC HOTS. NUMBER 10 CIRCLE! AVENUE HOME MARYLAND CHARLES POTOMAC HOTS OX NUMB
LEC LEGIS  =10 CINCLE AVE:	ARTHUR EDWARD LAYS PERKED  NO - N/A 248-24-2201 DOPOTHY M. PRIDE
l xx	
# \$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
# 15/15/8#	The free wale with wall to the
BLDG., INDIAN HEAD, NO.	TERNANDER, ROSARIO 16.0. GLYNONI MEDICAL

40/16/86 wicomico Memorial Pack , Salisbury. Merwiand

ARBHART FUNDRAL HOME, INC., LA PLATA, MD.

STATE OF MARYLAND

TO STATE OF THE PLAN PICKETT  1. DEAT OF DEATH MORNING TO THE PLAN PICKETT  1. SEX  FEMALE  1.				STATE OF MARYLAND		
MATTE JEAN PICKETT  1.5K  FEMALE  1.5K  INTORTORIOR COUNTY OF DEATH  INTOR	0 - 2 2 2 8 9	- STATE			0 0 6	8 4 5 9
MATTIE JEAN PICKETT  1 SEX    DETC   DETC   DETECTION   DETCETOR			MIDDLE	LAST	2g. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
SERVING   SACRET	ge 3	(THE ON THIRT)	MATTIE JEAN	PICKETT	10 10	1986 41224
A BRINFLACE ISLAND CONTROL BY CHILDRENG WHAT COUNTRY IN MARKED   NOVER MARKED   NONECED   IN BANKED CHILDRENG WAS COUNTRY IN NOTED CATCHING   IN SUBJECT OF THE MARKED   NONECED   IN BANKED CHILDRENG WAS COUNTRY IN NOTED   IN SUBJECT OF THE MARKED   IN SUBJECT OF T	mo)	3. SEX	4 BACE S	DATE OF BIRTH		
TO BETHELE CENTROL DE LOUIS WHAT COUNTRY DE	s of	FEMALE	DIACK		7.5	IONIHS DAYS HOURS MIN.
NOTEGRAPOLINA  INSTANCE A ROSSINAL NUISING MADE OR OTHER INSTITUTION  IF CITY OR TOWN OF PEATH  IN NAME OF HOSPITAL NUISING MADE OR OTHER INSTITUTION  IF CITY OR TOWN OF PEATH  IN SUCIAL RESIDENCE (Framework or Manufacture)  IN SULAI RESIDENCE (Framework or Ma	2 42 611			AADDIED ALEVED MARRIED		OF DEATH
TO CHY OF TOWN OF DEATH  IT A PLATA, MD  PHYSICIANS MEMORIAL HOSPITAL  INSURED COLUMN THE MEMORIAL HOSPITAL  INSURED COLUMN THE MEMORIAL HOSPITAL  INSURED COLUMN THE MEMORIAL HOSPITAL  INSURING COLUMN THE MEMORIAL HOSPITAL  INSURED COLUMN THE MEMORIAL HOSPITAL HOSPITAL  INSURED COLUMN THE MEMORIAL HOSPITAL HOSPI	# 15 XO	NorthCarolina			CHARLES	MD
BULLAR RESIDENCE OF REALIST IN BEAUTOPT TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART LOCATION OF THE PROPERTY OF THE PRO	11/1/	( )	(IF NOT IN SUCH FACILITY, GIVE STREET ADDR	RESS)	128 USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
Second	10	SUAL RESIDENCE (IF NURSING HOW 30. STATE	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM	134. INSIDE CITY LIMITS?		29999
James	3 2 24/1		Beaufort			20510/
THE MODEUMAN OF BASE OF CHAIR IENTER ONLY ONE COUNTY OF THE MODEUM OF TH	MARY and 3 and 3	FIRST	0. Blango	FIRST	E. RIDDLE R	ogers
TO THE STATE OF DEATH Either only one cause per line to 100. Its and 100.  If CAUSE OF DEATH Either only one cause per line to 100. Its and 100.  If CAUSE OF DEATH Either only one cause per line to 100. Its and 100.  If CAUSE OF DEATH Either only one cause per line to 100. Its and 100.  If CAUSE OF DEATH EITHER AND ITS ACCOUNTS OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  DUE TO, OR AS A CONSQUENCE OF  INDICATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  DUE TO, OR AS A CONSQUENCE OF  INDICATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  PART 2. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  PART 2. OTHER SIGNIFICANT CONDITION FOR WHAT OPERATION WAS PERFORMED  INDICATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  PART 2. OTHER SIGNIFICANT CONDITION FOR WHAT OPERATION WAS PERFORMED  INDICATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  PART 2. OTHER SIGNIFICANT CONDITION GOVERNOR OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  PART 2. OTHER SIGNIFICANT CONDITION FOR WHAT OPERATION WAS PERFORMED  INDICATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  PART 2. OTHER SIGNIFICANT CONDITION FOR WHAT OPERATION WAS PERFORMED  INDICATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  PART 2. OTHER SIGNIFICANT CONDITION GOVERNOR OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  PART 2. OTHER SIGNIFICANT CONDITION FOR WHAT OPERATION WAS PERFORMED  INDICATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  PART 3. OTHER SIGNIFICANT CONDITION FOR WHAT OPERATION WAS PERFORMED  INDICATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LINE  PART 3. OTHER SIGNIFICANT CONDITION FOR WHAT OPERATION WAS PERFORMED  INDICATION OF THE TERMINAL DISEASE OR CONDITION FOR WHAT OPERATION WAS PERFORMED  INDICATION OF THE TERMINAL DISEASE OR CONDITION FOR WHAT OPERATION WAS PERFORMED  INDICATION OF THE TERMINAL DISEASE OR CONDITION FOR WHAT OPERAT	C.	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATEST		ickett 601 Pine	Branch Way 118 Md. 20646
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse ist stating the  DUE TO, OR AS A CONSEQUENCE OF  INDIANO AND	Tr., BALL	PART I, DEATH WAS CA	JSED BY)	capulmon	my arrest	SETWIEN CHIST AND DEATH
NOT THE STORY OF T	death contending	Conditions, if any, which	DUE TO, OR AS A CONSSQUENCE	en cerdiovasa	en aisence	zoy
The properties of the properti	that the the that the that the day the asserted all creme rather the creme of the c	cause (a), stating the	DUE TO, OR AS A CONSEQUENC	selerasis		25 year
10   10   10   10   10   10   10   10	RDS, 2C equires agoines Then plum r to burininjury, o		relitions CONTRIBUTING TO DEA		AINAL DISEASE OR CONDITION GIVE	olleterans
ONOSING  OF CONTRIBUTING CONSENDED ATH  OF CONTRIBUTING CONTRIBUTING CONTRIBUTION	ALRECO	8/8/8/8	196. CONDITION FOR WHICH OPE	eration was performed	20a AUTOPSY? 20b. IF YES IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
220. I certify that (I) (this haspital) ottended the degreesed fram  19 10 10 10 10 10 10 10 10 10 10 10 10 10	OF VIT.	an consequenced to chier by	DEATH HOUR AND THE DAY	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
220. I certify that (I) (this haspital) ottended the degreesed fram  19 to 19	WISION G PHYS attendin er this c s the bui	AND THE NOTE OF	AT HOME, STREET LETOY, OF GE FARM.	211 LOCATION STREET	N / AITY OR TOWN	COUNTY STATE
The signature of the poly offer death.    The signature of the poly offer death.   The poly offer death.	TENDIN sital or TOR: Af or use o or use o si Health	sow the deceased alive	on 9/8 1986	, and that in (my) (our) opinion	, 10	11.01 (11 (1.0) 1001
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN  222. PHYSICIAN'S NAME (IVPE OF PRINT)  222. ADDRESS  PAUL PRITCHETT M. D. LA PLATA, MD.  230. BURIAL, CREMATION, REMOVAL 233. DATE  231. NAME OF CEMETERY OR CREMATORY  232. DATE  233. DATE  233. DATE  234. NAME OF CEMETERY OR CREMATORY  234. DOCATION CITY OR 19WN  24. STAFF PHYSICIAN DIRECTOR PHYSICI	R AT hosp		i not view the body offer death.	DEGREE		22c DATE SIGNED A
100. BURIAL, CREMATION, REMOVAL 1230. DATE 130 NAME OF CEMETERT OR CREMATIONY 1250 LOCATION DITTY A 1 STATE	TAL O by the RAL DI defact fore De nore De	Baul	Muceral	PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	10/11/16
100. BURIAL, CREMATION, REMOVAL 1230. DATE 130 NAME OF CEMETERT OR CREMATIONY 1250 LOCATION DITTY A 1 STATE	HOSP anned b Suld be suld be PORTA			3/18	CA, MD,	
	5 5 5 3 3	230. BURIAL, CREMATION, REMOV				
	499819	Burial	15 Oct 86 Car		25 beautord, Car	teret, N.C.
DHMH - 16 60M 7/84 (VRA 15, 4)  Wastell adams address Md. 20608 OCT 27 1986  OCT 27 1986		martell ad	ams aquascos /	Md. 20608 107		



STATE	OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REC	6. NO.		
DECEASED NAME	FIRST		AIDDLE	L	AST	2a DATE OF DEAT	H MONTH DA	Y YEAR	26 HOUR
(TIPE OR PRINT)	Willi	am	Ambrose		Quade	October	30,198	36	1:46 <sub>M</sub>
3. SEX MALE	4	RACE WH:	ITE	5. DATE C	DAY YEAR	6 AGE (INYEARS LA		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
To BIRTHPLACE (STATE OF	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY O	FDEATH	
MARYLANI	D	U.S	5.A.	WIDOWE		CH	ARLES		MD.
lo city or town of de LaPlata					ROTHER INSTITUTION al Hospital	120 USUAL OCCU	OST OF WORKING LIFE)	INDUSTRY	GOVT.
USUAL RESIDENCE (IF NUI 130. STATE MD.	136 COUNTY		GIVE RESIDENCE BEFOR 13c. CITY OR TOW COBB	/N		13e STREET ADDRE	SS / ZIP CODE	206	525
14. FATHER'S NAME FIRST WILLIAM		OMAS	QUAD	E	15 MOTHER'S MAIDEN NA MARY	EVA		QUA	
160 WAS DECEASED EVE	R IN U.S. ARME		579-28		ALICE K.		AME AS		MATE INTERVAL ONSET AND DEATH
	nmediate ling the se last	(c)	R AS A CONSEOU		NOT RELATED TO THE TER	ATER OF	WISEAS	N IN PART 1:0	)
19a DATE OF OPER.	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYI	WERE FINDIN NG CAUSES	NGS USED OF DEATH? NO
OR CONTRIBUTING (IF EITHER NOTIFY MEI	CAUSE OF DEATH DICAL EXAMINER) RRED	P./ 21e PLACE (	m. month d m.	19	216. HOW INJURY OCCUR		INJURY IN ITEM 18 PAR	COUNTY	STATE
220.1 certify that (						, to		,	that (I) (we) lost
sow the deceo			19		nd that in (my) (our) opinion	death occurred on the			
22b. SIGNATU	mas	e)uu	22		DEGREE ATTENDING PHYSICIAN	MEDICAL ✓ DIRECTOR   PH	STAFF YSICIAN [	22c. DATE	SIGNED / 30/86
Dr. N		krish	na		22e ADDRESS	. Bldg.		, Md.	20601
230. BURIAL, CREMATION (SPECIFY) BURIA		23b. DATE 11-3			EMETERY OR CREMATORY HOST CH. CEM	23d LOCATION	CHARLES	MAR!	YLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use with the State Dept of Heo IMPORTANT: If them 21 is m

AREHART FUNERAL HOME, INC. LA PLATA, MD.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STU-26-1957 ALLES W. SUKEL TAKE ... HOR

MD. CHARLES COSB ISLAND X P.O.BOX 304 20525

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STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	2	8 4	0	1	
		CEASED NAME	FIRST	N/M/	N S	hmi	d't	20. DATE OF DEATH	MONTH DAY	VEAR -   86	26 HOU	JR Po Ph	
-	3. SEX	, Female	3 1	RACE W t	nite	5. DATE C		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER HOURS	MIN.	
1	6	RTHPLACE (STATE OR FOUNTRY)  TY OR TOWN OF DEA		U S		WIDOWE NG HOME C	D NEVER MARRIED DE OTHER INSTITUTION	9 BALTIMORE CITY S ( hay b	12b KIND O	F BUSINI	ME ESS OR		
1	100	Plata AL RESIDENCE (IF NURS		Charle	H FAGILITY, GIVE STREET  COUNT  GIVE RESIDENCE BEFOR	y Nu:	rsing Home	Seamtre		Clot	thin	ng	
9	130. S Ma	aryland	136 COUNT		136 CITY OR TOW Ft. Was	/N	13d. INSIDE CITY LIMITS? YES NO 🔯			re./20	<b>)</b> 744	ļ	
1	14 FA	THER'S NAME FIRST Unavai		DOUE STOOLE	LAST		unavaila	ble		LAS	r		
1	(Y	VAS DECEASED EVER (ES, NO OR UNKNOWN) 10		WAR OR DATES)							e as #13		
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1	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERADIO	N WAS PERFORMED	200 AUTOPSY?  YES NO NO	20b IF YES, V IN CERTIFYIN	NG CAUSES	OF DEAT	TH?	
7	MEDICAL CER	21g, ACCIDENT WAS UNI OR CONTRIBUTING D (IF EITHER, NOTIFY MER)	CALEXA (1)	P./	MACHA	AY YEAR	21c HOW IN HURY DECU	RREDA (ENTER NATURE OF INJURA	JRY IN ITEM 18 PART	I OR PART ?)			
	MED	21d. INJURY OCCURI WHILE OWN AT WORK AT WO	VA	21e PLACE ( (AT HOME STR	DELT, FAMILIERY, OF ICE	ARM ETC)	211. LOCATION STREET	1 A CITYORTO	OWN .	COUNTY	S	STATE	
,		220.1 certify that (1) sow the decess obove, (1) (we) (c	ed alive on did) (die not)	ew the body	5 19	-	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF			,	
		Paul F					La Plata,	Md.		180			

23c. NAME OF CEMETERY OR CREMATORY
Trinity Memorial

P., O. Box 156 Waldorf, Md. 20601 Waldorf

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE OCT 0 9 1986 Auto Dender Budges

Charles

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DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: IF IN

230 BURIAL, CREMATION, REMOVAL BURIAL

Huntt funeral Home

24 FUNERAL DIRECTOR

23b. DATE 10-7-86 and the the state of the state of

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			STATE OF MARTLAND		
-20073	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	28 - 6 3
	1. DECEASED NAME FIR	RST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be ge 3 Jeoth	Ro	bert William	SCHROEDER, Sr.	october 1.	1986 2:30A
4 24 34	3. SEX Male	4. RACE Caucasian	5. DATE OF BIRTH MONTH DAY YEAR June 29 1913	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS	IF UNDER I YEAR IF UNDER 24 HRS
Page Hours	70. BIRTHPLACE (STATE OR FOREK	ON 76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	
in 72	Washington :	D.C. U.S.A.	WIDOWED DIVORCED	CHARLES CO	DUNTY
he fu	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION  {TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
The state of the s	Waldorf	Box 283 Rt.	925 N. Waldorf	Owner .	Restaurant
how how		OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE COUNTY 13c. CITY OR TO		13e.STREET ADDRESS / ZIP CO	- 1 - 1
n 24		harles Waldo		Box 283 Rt 92	
Table to the state of the state	14 FATHER'S NAME	MADDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
Pa go	Clarence		er Agnes		Hebb
xecu nd c	160 WAS DECEASED EVER IN L	J.S. ARMED FORCES? 16b SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS BC	ox 283 Rt 925
9 0 0 E	No	N/A 579-0	1-4968 Louise I.	Schroeder Wa	aldorf, Md.
equires that the dear signed by the atter then please remove. The burial, cremation, nivry, or other traum	PART 2 OTHER SIGNIFIC	ote the ost. DUE TO, OR AS A CONSEC	DEATH BUT NOT RELATED TO THE TER	AINAL DISEASE OR CONDITION C	SIVEN IN PART I (a
The law retion. It is to the property of the prior hows only if	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY		ch operation was performed	200 AUTOPSY? 200. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
PHYSICIAN. T ending physici this certificate to burial-transi ad Mental Hygi	OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICALE)	E OF DEATH HOUR A.M. MONTH KAMINER) P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART ?)
attending the this by and W and W arked or	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDII aspital or ECTOR: A d for use of t. of Healt		haspital) attended the deceased from live on 1 - 3 - 4 19 did not view the body after death.	86, and that in my (aur) apinian	death accurred an the date and h	, 19 (we) last aur and fram the causes stated
AL OR the high AL DIRI detache ate Dep	27b. SIGNATURE	7 & Buch Ms		MEDICAL STAFF DIRECTOR   PHYSICIAN	10-1-86
TO HOSPIT retained by TO FUNER should be owith the Str	Henry L	Burke, M.D.	22e. ADDRESS P. O. Box	591, LaPlata	, Maryland
7 5 ± 2 3 ₹	236. BURIAL, CREMATION, REM		. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	Burial	10-03-86 V	Washington Nat'l	Suitland,	
	24 FUNERAL DIRECTOR		TOO THE THE T	DUT LIGHT	P.G. Co. MD.

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0-2169	6.		CEASED NAME	FIRST	MIC	DDLE	į	AST		20. DATE C		MONTH	DAY YEAR	R 2b	HOUR
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ge 4 may	-0	3. SE	Female		4 RACE white		S. DATE C	F BIRTH	YEAR 03	6 AGE (IN	YEARS LAST BIRT	HDAY}	MONTHS DA		UNDER 24 HRS
Page Page	31-	7a. B	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF W	HAT COUNTE	RY? 8.	□ NEVED	MARRIED 🗆	9 BALTIM	ORE CITY O		Y OF DEATH	1	
neath 72	CE	M	aryland	4	U.S.A.		WIDOWE		NORCED		Char	les			MD.
of the color	0	10. C	ty or town of DEA	TH	11. NAME OF HO	SPITAL, NUR ACILITY, GIVE STA Les Co	SING HOME C REET ADDRESS) Dunty No	r other ins	Home	TYPE OF WO	OCCUPATION SEWIFE	WORKING I			JSINESS OR
	1	USU. 13a. S	AL RESIDENCE (IF NURSITATE MD	136 COUN		VE RESIDENCE BE 3c. CITY OR TO	NWC	13d INSIDE (	CITY LIMITS?		ADDRESS /			2	0601
110	80	14 FA	THER'S NAME FIRST  James		MIDDLE Chard	Will		15 MOTHER	S MAIDEN NA/		MIDDLE	2011		dasi i	
- 47	17		VAS DECEASED EVER I	N U.S. AR	MED FORCES?	6b. SOCIAL SE			ANT Son		ADDRE	SS	- 10	U4 als als a	11
1 10	9/		NO OR UNKNOWN)	(IF YES, GIV	A A	219-48	3-0604		R. Sm	ith	Sa	me A	As 13		
RDS, 201 W. PRESTON ST., B squires that the sleath certifical in signed by the ottending phys- them please semmer carbompos is burial, cremation, or remove	injury, or other troumofic event.	NOI	18. CAUSE OF DEATH PART I. DEATH W/ Canditians, if any, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	which ediate the last	DUE TO, OR /  (b)  DUE TO, OR /  (c)	AS A CONSEC AS A CONSEC	QUENCE OF	NOT RELATE	D TO THE TERM	INAL DISEA:	se or cone	DITION GI			E INTERVAL T. AND DEATH
M RECO	9	CERTIFICATION	19a DATE OF OPERAT	ION	196. CONDITI	ON FOR WH	ICH OPERATIO	WAS PERF	DRMED	20a AUT	OPSY?	IN CERT	S, WERE FIN IFYING CAU: 'ES []	SES OF	USED DEATH?
DIVISION OF VITAL BIND PHYSICIAN The attending physician of the bursician has dentile hygier th and Mental Physician	5		21a. ACCIDENT WAS UNDI OR CONTRIBUTING C (IF EITHER, NOT IFY MEDIC	AUSE OF DE	ATH HOUR A.M.	MONTH	DAY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTER N	ATURE OF INJUR	Y IN ITEM 18	PART I OR PART	2)	
AG PHTS attending ter that of a the bur	10 Days	MEDICAL	21d INJURY OCCURR  WHILE NOT WHI AT WORK AS WOR		21e PLACE OF	T, FACTORY, OFFI	CE, FARM, ETC )	211 LOCATI	ON T		CITY OR TO	WN (C	COUNTY		STATE
ATTENDE Nipital or CTOR, Al	2) is ma		220.1 certify that (I) (	d alive ge	1 4 1 1 50 1	S. D		d that in (my	, 19	death accurr	ed an the da	te and ho	, 19 ur and from		(I) (we) last ses stated
the No.	Act. if Item		22b. SIGNATURE	11/6	w .			111	ATTENDING PHYSICIAN	MEDICAL	STAF	F IAN 🗌	120.00	ATE SIG	NED 9/86
O HOSPI or FUNE hauld be	APORTANT		22d PHYSICIAN SNA	MAC				PU BU	X 849	WAL	dorF	Ma	2060	17	
E 5 F 4 8			BURIAL, CREMATION, F	REMOVAL			3c NAME OF C			23d LOC	ATION Y OR TOWN		COUNTY		STATE
BP	_		urial UNERAL DIRECTOR		10/23		Christ	A.	F2Sn DAT		cokee		P.G.		Md.
DHMH - 16 60M (VRA 15, 4			untt Fune	eral	Home	Waldo	s P.o.	Box 1	561		1000		M. J.A.		

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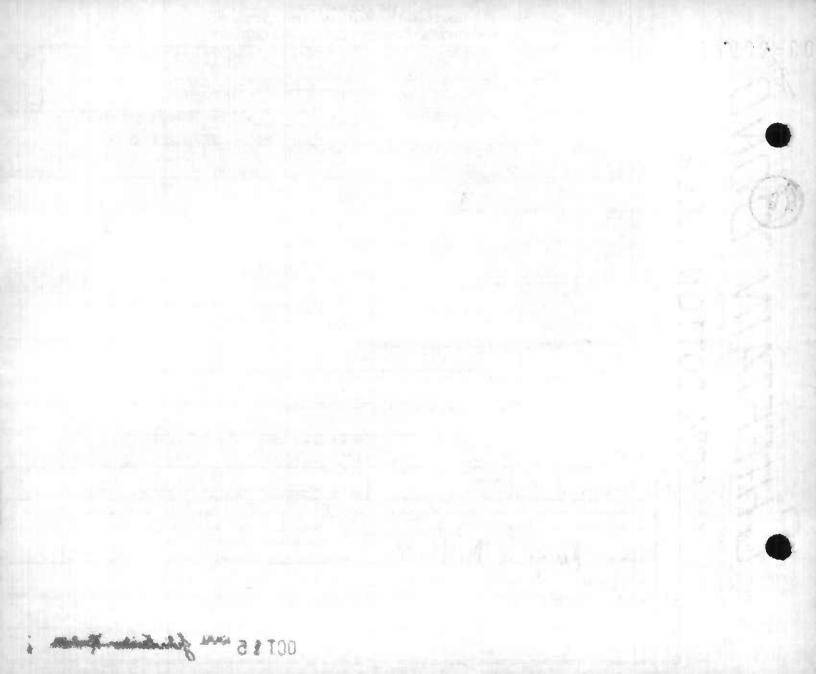
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME ESTI-DEATH MATED E.dward SMITH 10-9-8619 RAYMOND 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX DATE 58 VBS PRONOUNCED 1928 Male Cauc. eb. 6 DEAD 10-9-8619 : 55R 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED Virginia US WIDOWED X DIVORCED CHARLES COUNTY O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) 1003 Victoria Place Constructio WALDORF Silver Springyes No 25 E Wayne Ave Montgomery Maryland /20901 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Edha Sawver Smi'th Elmer 1999 Victoria Place Waldorf, Md. 20601 17. INFORMANT 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 228-20-9666 Cathy R. Hayes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION 20 AUTOPSY? OULD BE USED, RTMENT OF HE. 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR self/inflicted 12noon 10-9-860 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE Waldorf, Maryland 1003 Victoria Place bathroom EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFIER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 Autapsy X 220. I certify that I taak charge af the remains described above, held an and in my opinian Suicide X Hamicide Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) DATE SIGNED 10-10-86 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street Margarita A. Korell, M.D. ADDRESS EXAMINER'S NAME 23t. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Virignia Norfolk Burial Princess Ann Mem. 10-13-86 BP. 07/84 250. DATE REC'D. BY REGISTRA 25M 24 FUNERAL DIRECTOR PADDRESS O. BOX 156 **DHMH - 17** Waldorf, Md. 20601 HOME (VR A15 ME (5))



,	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
· U	1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH O	8 5 0 0
0 0 2 2 0 4 2 6	1. DECEASED NAME PIRST MIDDLE STOCK LAST 20 DATE KNOWN PO MO OF ESTI-DEATH MATED 10	3 1986 235 M
FF, PLEA DIRECTO DOUR FILE ON STREE	4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD	NTH DAY YEAR 24 HOUR
Separation of the separation o	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  75. CITIZEN OF WHAT COUNTRY?  WIDOWED   NEVER MARRIED   PARTIMORE CITY OR COUNTRY    WIDOWED   DIVORCED   Charles C	OUNTY OF DEATH
ELAY IS N TO THE FL PAGE 5 86 FILED	III. CITY OR TOWN OF DEATH  La Plata  III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Valley Road near Rt. #6  Comercial Prin	ORK 12b. KIND OF BUSINESS OSIDICKET
ANY DE AND 3 TOURS TOURS TOURS TOURS TO	WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. CITY OR TOWN  132. CITY OR TOWN  134. INSIDE (ITY LIMITS?  YES \( \text{NOX} \) 132. STREET ADDRESS  1022 Darley D	Box 667,
M. MD.	14. FATHER'S NAME FIRST MIDDLE LAST IS. MOTHER'S MAIDEN NAME MIDDLE	LAST
ALTIMOR AFTER DE IVE PAGE H FORM AGES I AL	Robert M. Stricker    166 WAS DECEASED EVER IN U.S. ARMED FOR CES? (187 S.N.O., OR UNKNOWN) (187 YES, GIVE WAR OR DATES)   166 SOCIAL SECURITY NO. 216-40-5412   17. INFORMANT   P.O. Box 00667, Robert M. Stricker-Fat	
201 W. PRESTON ST., B. UJED WID ALL HOURS EXAMINER ALCINI WIT ALL HOURS BY ALCINI WIT BY ALL HYGER ALL ON, ON CHARLES DANS EXAMINER THE ALL HYGER DANS ON, ON CHARLES THE ALL HYGER THE	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ECORDS.  D BE EXEC ENDING: NAS A BUS AS A BUS CREMATI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
VITAL S SHOULD BE CUSED BY COME TO SHOULD BE CUSED BY CUS	N a cycloid caller was	20 AUTOPSY?  YES NO
VISION OF V TERTIFICATE S TING THE WO THE OF S SHOULD BE DEPARTMENT REIOR TO BE	UNDERLYING CAUSE OF DEATH 2 A.M. 30C 19 10 10 10 10 10 10 10 10 10 10 10 10 10	J COUNTY STATE
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MEDICAL EXAMINE CUTE THE CERTIFICATE AS A SHOULD BE RE REPREMANIFED TO THE TO T	death resulted fram. Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	151
A SHOLL NORE, N	SIGNATURE 4 M.D. M.D. MEDICAL EXAMINER SI	ate 30ct 76  a Not 20616
EXECT PAGE TO PAGE BATTE BATTE	236 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN	COUNTY STATE
BP	Burial 10/6/86 St. Ignatius Cemetery Chapel Pois	nt, Charles, Md
(VR A15 ME (5)) 20M 4/B2	Arenart Funeral Home, Inc., La Plata, Md. OCT 0 21986.	indom Rudally

Maryland U.S.A.

as Plate . Valley Road Hear Rt. #6 Comercial Printer and Co.

Negyland Charles to Flor X 1072 Daries Drive . 20646 Roburt M. Stricker

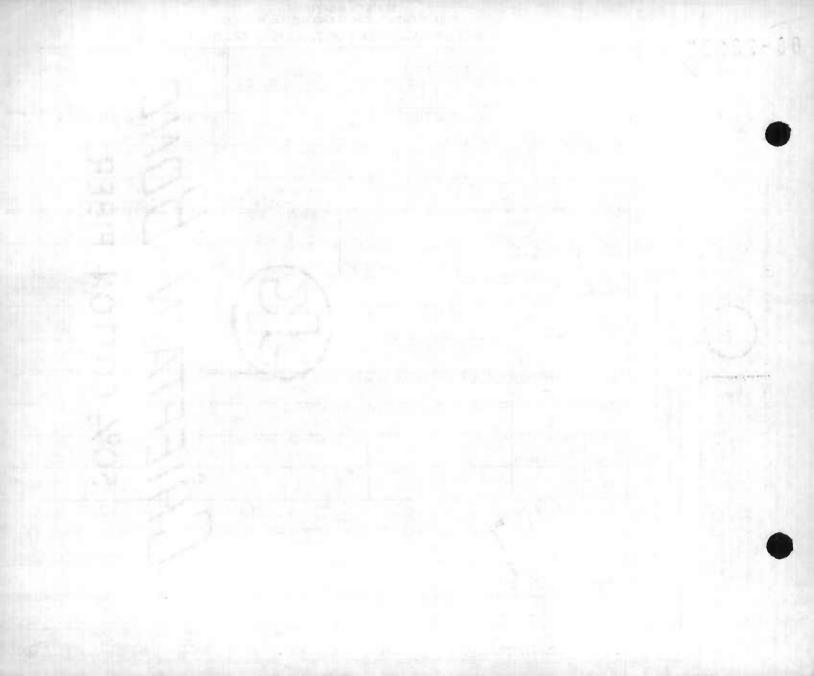
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Attacers Funeral stand, Inc., be Plats, Md. (6,10 ) with the standard of the s

2.0. Box 667.

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	Mange W	(IAI)	ZEOL	A LINDSA	YDEANE	TT	IOMPSON	OF ESTI-	10 29 1986	
	ARY, PLEAS LOUR FILES V72 HOUR ION STREET	3. SE		S. DATE OF BIRTH	6 AGE (IN YEARS	IF UND	ER 1 YR. IF UNDER 24	HRS. 2c. DATE MO	NTH DAY YEAR	2d HOUR
	DIRECT PORTS	Fe	emale Black	Aug.13	, 1951 35 YRS.	MONTHS	DAYS HOURS M	PRONOUNCED DE AD	10 291986	6:36
_	SE S	70. B	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WH	IAT COUNTRY?	AA A DDIE	NEVER MARRIED	A BALTIMORE CITY OR CO		1 1 1
	京語の产品		Abell, Md.	U.S.	A	WIDOWE		Charles Cour	ntv	AAD
_	Z Z Z Z Z	10 C	TY OR TOWN OF DEATH		PITAL, NURSING HOME, (	OR OTHER	RINSTITUTION 12	USUAL OCCUPATION (TYPE OF W	ORK 176 KIND OF BU OR INDUSTR	
	ACA HOL	Lá	Plata		ans Memorial	Hos	pital	FOR MOST OF WORKING LIFE) Clerk Typist	OK INDUSTR	(1
5	OSEAN A	USU	AL RESIDENCE (IF IN NURSING HOM TATE 136 COL	E OR OTHER INSTITUTION, GIV	13c. CITY OR TOWN	}		STREET ADDRESS	201-0	1
212	A PERSON			arles	Waldorf		YES NO	116 Ryon Cour	-t	1
WD.	T CONTY	14. F	ATHER'S NAME	MIDDLE	LACY		5. MOTHER'S MAIDEN I		LAST	
	38737				kerson S	r.	Mary	C. You		
BALTIMORE	N S S S S S S S S S S S S S S S S S S S	16a \	VAS DECEASED EVER IN U.S. A		166. SOCIAL SECURITY	10. 1	7 INFORMANT	ADDRESS	-	
ALT	A A G A A A A A A A A A A A A A A A A A		No	TE WAR ON DATEO	214-58-2	192	Dwayne A	. Thompson	Same	
	WIT WIT		18. CAUSE OF DEATH (Enter	anly one couse per line	for (o), (b), ond (c).)				APPROXIMATE BETWEEN ONSET	INTERVAL T AND DEATH
W. PRESTON ST.,	A ENERGY HO		PART I DEATH WAS CAUS	ATE CAUSE (0) LO	ft pneumotho	rax				
310	SZZE SO			DUE TO, OR	AS A CONSEQUENCE OF					
E	THE STATE OF THE S		Canditions, il any, which gave rise to immedio	te (b) AD	ical pleural	Ac	lhesions			
*	25 F 70		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF					
. 201	5-2290			(c)						
DIVISION OF VITAL RECORDS	SAGEA.	7	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TERMINA	L OISEASE C	B CONDITION GIVEN IN PART I	0		
00	"PENDIR "PENDIR EF MED ED AS." HEALTH AL, CRE	CERTIFICATION	190 DATE OF OPERATION	Living	101150011111011011011					
7	SHOULD ORD "PE CHIEF N CHIEF N E USED A IT OF HEA	SICA	170. DATE OF OPERATION	196 CONDII	ION FOR WHICH OPERAT	ION WA	S PERFORMED?		20 AUTOPSY?	
Y.	CERTIFICATE SHOULD SITING THE WORD "PEI DED TO THE CHIEF M E 3 SHOULD BE USED A E 10 PRIORTO BURIAL, C	E	210. EXTERNAL CAUSE WAS	21b. TIME OF	INTUDY	11. 1101	A INTUINY OCCUPATO		YES 🔀	NO 🗌
0	A LINE WENT THE WENT	I C	UNDERLYING GOR	HOUR A.M.	MONTH DAY YEAR	ZIE HOY	W INJURY OCCURRED (	ENTER NATURE OF INJURY IN ITEM 18 PART 1	DR PART 2)	
SIO	SHOUND PART	MEDICAL	CONTRIBUTING CAUSE O		DE INJURY (AT HOME.	21f. LOC/	ATION			
N	IS CERTING REDED GE 3 SI TE DEP.	WE	WHILE NOT WHILE AT WORK		ORY, FARM, ETC.)	STR		CITY OR TOWN	COUNTY	STATE
(11-	ISSA4-		AT WORK AT WORK							
	NO. HE NO.		220 I certify that I took the	rate of the remains days	ribed above field on	Autopsy	X, Inspection	. Inquiry . and in n	ny opinion	
	THE SECTION OF THE SE		death resulted from	hurghey@es Lat.	Accident Suice	de 🔲,	Hamicide	Indetermined manner		
	EXAMI CERTIFI ULD BE DIREC , WITH WARYL		ACTUAL /	of Mi	MIN		TITLE (SPECIFY)		ATE 10 20	06
	A HE HE HE		SIGNATURE		100	M.D	Assistant	MEDICAL EXAMINER SI	ATE IGNED 10-30-	.86
	XECUTE THAGE 4 SHOOF EURINORE		EXAMINER'S NAME Cha	arles P. Ko	kes. M.D.		111 Per	n St., Balto.,	MD 21201	
	TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STINMORE, MARYLAND, 2	77- 0	(TYPE OR PRINT)URIAL, CREMATION, REMOVAL		23c. NAME OF CEME		DDRESS			
		(10.6)	Burial	10/3/86			Orial Can	M LOCATION CITYORTOWN dens Leonardt	COUNTY ST	ATE STATE
07/84 25M	BP	24. F	UNERAL DIRECTOR	10/3/80	Chartes	rien		D. BY REGISTRAR 25b. REGISTRA		IGT YS
	DHMH - 17 (VR A15 ME (5))		W. Clarke	Matting	ley Leonar	dtow		15 1986 Aug.	Nicha D. 1	DWG.
	(-1)	-						77	and the Maria	American Company



Bax

Waldorf, Md 20601

FOR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

Franklin, Sussex.

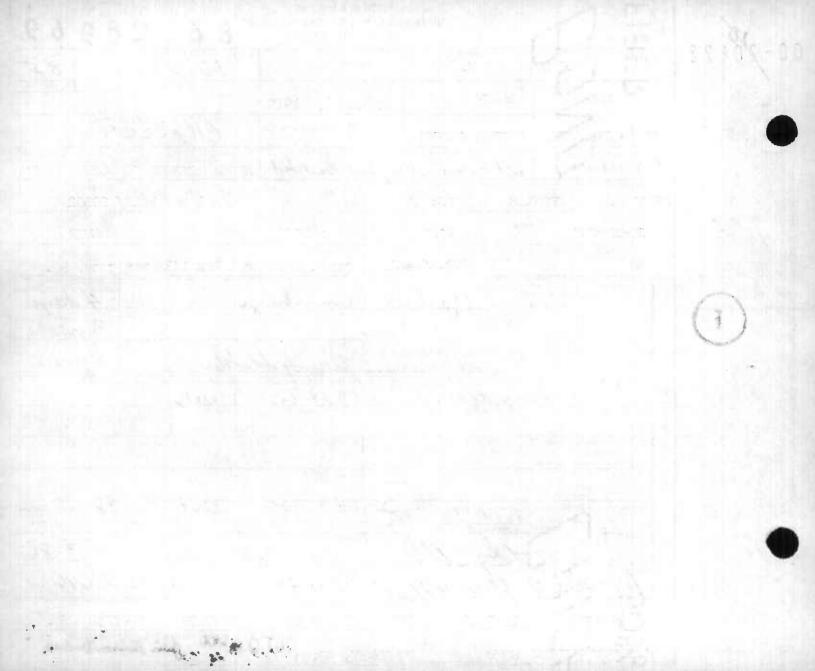
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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10	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	EALTH AND MEN ICATE OF DEA	ITAL HYGIE	NE 8 6 NEG. N	. 2	89	69
U 4 Z Z		CEASED NAME FIRS	NIE	W.		AST VEST	2		) 3. 8	YEAR	8 + M
ector, pro	3. SE	MALE	4. RACE BLACE	ζ	5. DATE (	4 OAY	ľ919	AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
of 72 hou	10.0	RTHPLACE (STATE OR FOREIGN COUNTRY) ORTH CAROLINA		WHAT COUNTRY  STATES	Y? 8 MARRIE WIDOWI	D X NEVER MAR	RIED 9	BALTIMORE CITY O	RCOUNTY	OF DEATH	MD.
20	1	anyem of DEATH	· ath	CH FACILITY, GIVE STRE	lary le	OR OTHER INSTITUTION	DO	20. USUAL OCCUPATION OF WORK FOR MOST ON NURSE ASSI	F WORKING LIFE	INDUSTRY	OF BUSINESS OR
35	13a S		OME OR OTHER INSTITUTION COUNTY HARLES	130 CITY OR TO NANJEM	NWN	138. INSIDE CITY I	LIMITS?	36 STREET ADDRESS . ROUTE 1 BC	ZIP CODE X 143F	1/ 2066	52
000	14. F/	JOHN	MIDDLE	WEST		15. MOTHER'S MA		WIDDLE		DAVÎ	Īs
- roger	16a V	VAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	579-32-		Eva L.	West R	t 1 Box 14		-	Md.
town only lejury, or other it was	CERTIFICATION	Conditions, if any, which gove rise to immedia cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICATION.	the tee the total tee tota	islane s	DEATH BUT	Usen	with	01 5	20b. IF YES,	WERE FINDING CAUSES	NGS USED
ed or hem 18	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING CAUSE OR CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE	OF DEATH AMINER)  POP DEATH AMINER)  POP DEATH AMINER  POP DEATH A	OF INJURY  A.M. MONTH  P.M.  OF INJURY  TREET, FACTORY, OFFICE	19	211 LOCATION STREET	Y OCCURRE	D (ENTER NATURE OF INJU		COUNTY	STATE
and for use on ps. of Health em 21 is mort		220.1 certify that (I) (this saw the deceased olimination)	ve on Oct	2 19	86,0	nd that in (my) Loof	9 SO Topinion de	, to Oct oth occurred on the de			
PORTANT, If h	(	PTE PHYSICIAN'S NAME  ARTHUR		OODD	( M)	PHYS 22e. ADDRESS	SICIAN X	MEDICAL STAIN DIRECTOR PHYSIC	IAN 🗌	10-	3-86
518		BURIAL, CREMATION, REMO		23		EMETERY OR CREA		23d. LOCATION CITY OF TOWN GRAYTON	CHA	RLES	MD. STATE
50M 4/83		UNERAL DIRECTOR NAME THORNTON FILING	RAI HOME	ADORESS	DOMONTA	EV MD	CT C	REC'D BY DECISTRAR	25b. REGISTR	AR'S SIGNAT	URE .



	FOR
1	STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REG. NO. 28970

REGISTRAR			CERTIF	ICAIE OF DEATH		REG. NO.					
1. DECEASED NAME FIRST		MIDDLE	ı	AST	2a. DATE O	FDEATH MON	TH DAY	YEAR	26 HOUR	2	
(TYPE OR PRINT) MARIA	N K	ING	WE	REN	OC'	TOBER 1	8. 19	986	2:32	ам	
3. SEX	4 RACE		S. DATE C		6 AGE (IN	YEARS LAST BIRTHDAY		JNDER I YEAR	IF UNDER 2	24 HRS	
FEMALE	CAUCA	CAUCASIAN		AUGUST 17, 1903		3	YRS. MON	THS DATS	HOURS	MIN.	
Ja. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		_ 9 BALTIMO	9 BALTIMORE CITY OR COUNTY O					
VIRGINIA	150	U.S.A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED		H CH	CHARLES			MD.		
10 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL	120 USUAL OCCUPATION			126 KIND OF BUSINESS OR		
LA PLATA	100	H FACILITY, GIVE STREET		HOCDITAL		(TYPE OF WORK FOR MOST OF WORKING LIFE)					
SUAL RESIDENCE (IF NURSING HOW		GIVE RESIDENCE BEFORE		HUSPITAL							
MARYLAND ST	DUNTY	13c. CITY OR TOW	Ν	13d INSIDE CITY LIMITS		ADDRESS / ZIP		0.0	2626		
MAKI LAND 51	. MARY'S	HOLLYWOO	ענ	YES NO X		#3, BOX	401		0636		
FIRST	WIDDIE	LAST		FIRST	TTAITE	MIDDLE		LAST			
GEORGE		KING		ELLEN		ADDRESS			PRICE		
	S. GIVE WAR OR DATES)	IVE WAR OR DATES!		17 INFORMANT		ADDRESRT.#3,					
NO		232-56-8	3545	MRS. SHIRL	LEY W. D	JGAN, HO	)LLYW(		4D. 2		
couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAL	(c)_	R AS A CONSEQUE		NOT RELATED TO THE T	ERMINAL DISEA!	GE OR CONDITIO	on Given	IN PART 1:	D		
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	200 AUT	OPSY? 20b		VERE FINDING CAUSES		H?					
210. ACCIDENT WAS UNDERLYING	1		AY YEAD	21c. HOW INJURY OCC	CURRED (ENTER N	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR					
OR CONTRIBUTING CAUSE OF	FUEAIR										
(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE	OF INJURY		211. LOCATION		City or Town		COUNTY	ST	TATE	
WHILE NOT WHILE	(AI HOME SII	REEL FACTORY OFFICE F	ARM EIC)		2.1	1		-1			
22a.1 certify that () saw the decembed all pabove, (1) (we constitute the		200	( <u>6</u> , or	nd that in (my) (our) apin	5 , to	ed on the date o	7 19.		that (I) (w		
226 SIGNATURE	tel	A		DEGREE ATTENDIN		STAFF		22c. DATE	SIGNED	-81	
22d. PHYSICIAN'S				22e ADDRESS	1						
Daniel Ho	well, M	, D ,		Waldorf,	Md. 2	0601					
230. BURIAL, CREMATION, REMO	VAL 23b DATE	23c. h	NAME OF C	EMETERY OR CREMATO	RY 23d LOC	ATION					
BURTAL	10/21	/86 S	T. JO	HNS	HOLI	YWOOD.	ST. N	IARY'S		TATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

24 FUNERAL DIRECTOR
NAME
EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

2'OCT REOD AV TOUBAR 2" REGISTRAR'S SIGNATURE



OCT 2 2 NOW frie Timber Pales

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20. DATE OF DEATH MONTH October 5, 1986 JAMES ARTHUR YOW. JR. 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Nov. 4, 1918 Male Caucasian IN BIRTHPLACE I STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED North Carolina U.S.A. Charles County WIDOWED [ II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LaPlata Physicians Memorial Hospital Traffic Manager Highs Dairy USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13th STATE
13th COUNTY
13th CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 1152-B Heritage Place 13d, INSIDE CITY LIMITS? 20601 Maryland Charles Waldorf YESXX NO [ 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mary Esther Parks Arthur 17. INFORMANT (Wife) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes - Army 246-01-5929 Florence M. Yow, Same as Line #13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS, CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on\_ 01401 19 66 , and that in (my) (aux) opinion death accurred on the date and hour and Iram the couses stated 22h SIGNATHRE DEGREE 22c. DATE SIGNED ATTENDING 10-06-86 PHYSICIAN X DIRECTOR PHYSICIAN should be de with the Stoti 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 20785 Don B. Cameron 6005 Landover Road, Cheverly, Maryland 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial 0/08/86 Maryland Veterans Cemetery Cheltenham P.G. Mary land 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FINENCES COASCH'S SONS FUNERAL HOME, P.A. DHMH - 16 60M 7/84 4739 Baltimore Ave., Hyattsville, Maryland (VRA 15, 4)

